

**COUNTY OF LOS ANGELES DEPARTMENT OF MENTAL HEALTH
ACCOUNTING DIVISION**

**ANNUAL SIGNATURE UPDATE SHEET
FOR POSTAGE STAMPS AND BUS TOKENS**

FISCAL YEAR _____ - _____

DATE PREPARED: _____

FACILITY NAME: _____

COST CENTER: _____

ADDRESS: _____

TELEPHONE #: _____

PRIMARY CUSTODIAN NAME: _____

SIGNATURE: _____

SECONDARY CUSTODIAN NAME: _____

SIGNATURE: _____

REVIEWED AND APPROVED BY:

MANAGER NAME: _____

SIGNATURE: _____

TITLE: _____

**RETURN BY _____ TO:
ACCOUNTING DIVISION – REVENUE SECTION
550 S. VERMONT AVE., 8TH FLOOR
LOS ANGELES, CA 90020**